

Q Generic Demographics

Record ID

Questionnaire - Metadata

Session ID

Questionnaire Started At

Questionnaire Completed At

Questionnaire Duration (seconds)

Who is completing this survey?

- ☐ Self
☐ Assistant
☐ Parent/Caregiver

Address Information

City

State/Province

Zipcode

Country

- ☐ USA
☐ Canada

Patient Demographics

What is your gender identity?

- ☐ Female gender identity
☐ Male gender identity
☐ Non-binary or genderqueer gender identity
☐ Other
☐ Prefer not to answer

If you selected "other" for gender identity, please specify:

Please specify gender identity

- ☐ Cis: same gender as the sex assigned at birth
☐ Trans

What is your sexual orientation?	<div><input type="radio"/> Bisexual</div> <div><input type="radio"/> Heterosexual</div> <div><input type="radio"/> Homosexual</div> <div><input type="radio"/> Other (Please specify)</div> <div><input type="radio"/> Prefer not to answer</div>
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If you selected "other" for sexual orientation, please specify:	<div></div>
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Which race category best describes you? Choose all that apply	<div><input type="checkbox"/> American Indian or Alaska Native</div> <div><input type="checkbox"/> Asian</div> <div><input type="checkbox"/> Black or African American</div> <div><input type="checkbox"/> Native Hawaiian or other Pacific Islander</div> <div><input type="checkbox"/> White</div> <div><input type="checkbox"/> Canadian Indigenous or Aboriginal</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> Prefer not to answer</div>
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American Indian or Alaska Native	<div><input type="checkbox"/> American Indian</div> <div><input type="checkbox"/> Alaska Native</div>
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Asian	<div><input type="checkbox"/> Asian Indian</div> <div><input type="checkbox"/> Bangladeshi</div> <div><input type="checkbox"/> Bhutanese</div> <div><input type="checkbox"/> Burmese</div> <div><input type="checkbox"/> Cambodian</div> <div><input type="checkbox"/> Chinese</div> <div><input type="checkbox"/> Taiwanese</div> <div><input type="checkbox"/> Filipino</div> <div><input type="checkbox"/> Hmong</div> <div><input type="checkbox"/> Indonesian</div> <div><input type="checkbox"/> Japanese</div> <div><input type="checkbox"/> Korean</div> <div><input type="checkbox"/> Laotian</div> <div><input type="checkbox"/> Malaysian</div> <div><input type="checkbox"/> Okinawan</div> <div><input type="checkbox"/> Pakistani</div> <div><input type="checkbox"/> Sri Lankan</div> <div><input type="checkbox"/> Thai</div> <div><input type="checkbox"/> Vietnamese</div> <div><input type="checkbox"/> Iwo Jiman</div> <div><input type="checkbox"/> Maldivian</div> <div><input type="checkbox"/> Nepalese</div> <div><input type="checkbox"/> Singaporean</div> <div><input type="checkbox"/> Madagascar</div>
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Black or African American	<div><input type="checkbox"/> African American</div> <div><input type="checkbox"/> African</div> <div><input type="checkbox"/> Bahamian</div> <div><input type="checkbox"/> Barbadian</div> <div><input type="checkbox"/> Dominican</div> <div><input type="checkbox"/> Dominica Islander</div> <div><input type="checkbox"/> Haitian</div> <div><input type="checkbox"/> Jamaican</div> <div><input type="checkbox"/> Tobagoan</div> <div><input type="checkbox"/> Trinidadian</div> <div><input type="checkbox"/> West Indian</div>
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Native Hawaiian or other Pacific Islander

- ☐ Polynesian
☐ Micronesian
☐ Melanesian
☐ Other Pacific Islander

White

- ☐ European
☐ Middle Eastern Or North African
☐ Arab

Canadian Indigenous or Aboriginal

- ☐ First Nation
☐ Inuk/inuit
☐ Metis

If race not listed above, please specify:

What is your ethnic or cultural origin?

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Prefer not to answer

Check all that apply

- ☐ Spaniard
☐ Mexican
☐ Central American
☐ South American
☐ Latin American
☐ Puerto Rican
☐ Cuban
☐ Dominican

Education

What is your highest level of education?

- ☐ No formal education
☐ Some elementary school
☐ Some secondary or high school education
☐ High School or secondary school degree complete
☐ Some college education
☐ Associate's or technical degree complete
☐ College or baccalaureate degree complete
☐ Some post-baccalaureate education
☐ Graduate or professional degree complete
☐ Doctoral or post graduate education
☐ Other
☐ Prefer not to answer

If you selected "other" level of education, please specify:

Disability Questions

Are you deaf or do you have serious difficulty hearing?

- ☐ No
☐ Yes
☐ Prefer not to answer

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ No
☐ Yes
☐ Prefer not to answer

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ No
☐ Yes
☐ Prefer not to answer

Do you have serious difficulty walking or climbing stairs?

- ☐ No
☐ Yes
☐ Prefer not to answer

Do you have difficulty dressing or bathing?

- ☐ No
☐ Yes
☐ Prefer not to answer

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ No
☐ Yes
☐ Prefer not to answer

Employment Status

What is your employment status?

Choose all that apply

- ☐ Employed, freelance
☐ Employed, full time
☐ Employed, part time
☐ Employed, multiple part time jobs
☐ Student
☐ Self-employed
☐ Retired
☐ Unemployed
☐ Other

If you selected "other" employment status, please specify.

What is your occupation?

Are you a veteran?

- ☐ Yes
☐ No

Demographics - Optional

What was your total household income last year (USD)?
Please include all sources of income, including pensions, dividends, alimony, child support, etc.

- ☐ < \$15,000
☐ \$15,000 to \$29,999
☐ \$30,000 to \$49,999
☐ \$50,000 to \$99,999
☐ \$100,000 to \$149,999
☐ \$150,000 to \$199,999
☐ \$200,000 to \$249,999
☐ >\$250,000
☐ Prefer not to answer

Do you receive a significant portion (>20%) of your income through federally-funded income assistance programs? Some examples of these programs are listed in the question below.

- ☐ No
☐ Yes
☐ Prefer not to answer

Do you take advantage of any of the following programs?
Choose all that apply

- ☐ Supplemental Security Income (SSI)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ Temporary Assistance for Needy Families (TANF), including Pass through Child Support
☐ General Assistance (GA)

What was your total household income last year (CAD)?
Please include all sources of income, including pensions, dividends, alimony, child support, etc.

- ☐ < \$15,000
☐ \$15,000 to \$29,999
☐ \$30,000 to \$49,999
☐ \$50,000 to \$99,999
☐ \$100,000 to \$149,999
☐ \$150,000 to \$199,999
☐ \$200,000 to \$249,999
☐ > \$250,000
☐ Prefer not to answer

Do you receive a significant portion (>20%) of your income through federally-funded income assistance programs? Some examples of these programs are listed below.

- ☐ No
☐ Yes
☐ Prefer not to answer

Do you take advantage of any of the following programs?
Choose all that apply

- ☐ Supplemental Security Income (SSI)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ Temporary Assistance for Needy Families (TANF), including Pass through Child Support
☐ General Assistance (GA)

Citizenship

Citizen

- ☐ Citizen
☐ Permanent resident (Green card holder)
☐ Non-citizen US/Canadian national
☐ Refugee
☐ Asylum seeker
☐ Non-immigrant student
☐ Non-immigrant worker
☐ Prefer not to answer

What is your marital status?
Choose all that apply

- ☐ Single
☐ Married
☐ In a relationship
☐ Not married
☐ Separated
☐ Divorced
☐ Widowed

What is your current housing status?

- ☐ Assisted living
☐ Own home
☐ Rent home
☐ Skilled nursing facility/nursing home
☐ Unhoused-temporarily
☐ Unhoused-permanently

How many people live in your household?
Please specify a number

Who lives with you? Choose all that apply

	Yes	No
Spouse/partner/significant other	<input type="radio"/>	<input type="radio"/>
One or more children	<input type="radio"/>	<input type="radio"/>
One or more parent	<input type="radio"/>	<input type="radio"/>
One or more grandparent	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If "others" live in your household, please specify:

Do you have a reliable mode of transportation?

☐ Yes

☐ No

What is your primary mode of transportation?

☐ Personal vehicle

☐ Shared vehicle

☐ Public transportation

☐ Ride with someone else

☐ Ride service

☐ Bicycle/Motorbike

☐ Walking

☐ Other (Please specify)

If you selected "other" transportation, please specify.
